

# Jefferson County

## Child Support Agency

Courthouse Rm 219  
320 S Main St  
Jefferson WI 53549  
[www.jeffersoncountywi.gov/child](http://www.jeffersoncountywi.gov/child)

TEL: 414/615-2587  
FAX: 920/674-7435  
TDD: 800/947-3529  
email: [childsupport@jeffersoncountywi.gov](mailto:childsupport@jeffersoncountywi.gov)

NON IV-D  
RE: Spousal or Section 71 Only Case Activities

Dear Participant:

You currently have or soon will have a Non IV-D spousal only support case in Jefferson County. Our Agency is allowed to provide limited services upon payment of the below listed fees.

Process Income Withholding Notices ..... \$35.00 per request  
To Perform An Account Reconciliation (Affidavit or Certification) .... \$35.00 per year

Please be aware that you can obtain a payment history free of charge from WI-SCTF at their customer service number of (800) 991-5530. If you have access to the internet, you can request a log on key at: [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov). You'll be able to view your account electronically, print payment records, and update your address if you move. If you have retained legal professional services, you could have your attorney send out the Income Withholding Notice.

Any request for the above listed activities will not be performed until the fee has been received by the agency from **one** of the case parties. Payment can be in person or by mail in the form of a money order, certified bank check, or by cash. Payments must be payable to *Jefferson County Child Support Agency*, **(PERSONAL CHECKS WILL NOT BE ACCEPTED)**. We are unable to accept credit or debit cards at this time. Please direct your questions to (414) 615-2587.

The following are phone numbers and an internet address to assist you in obtaining information for your account:

TRUST FUND: 800-991-5530 TDD: 877-209-5209 DEBIT CARD: 866-817-0761  
SUPPORT ON LINE SERVICE: <http://dcf.wisconsin.gov/bcs/payments/logon.htm>

JEFFERSON COUNTY CHILD SUPPORT AGENCY

Cc: Other Participant

Detach and return with your payment

Name: \_\_\_\_\_  
(Please Print)

Court Case Number: \_\_\_\_\_ (and/or) Pin Number \_\_\_\_\_

Last 4 digits of your SSN: XXX-XX-\_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_  
**(PERSONAL CHECKS WILL NOT BE ACCEPTED)**

**Please mail your payment and coupon to:**

Jefferson County Child Support Agency  
320 S Main St. Room 219  
Jefferson, WI 53549